PATIENT

Margaret Rose Moynihan

SPECIES

Canine

BREED

Cairn Terrier

SEX

FS

AGE

13yr

WEIGHT

27lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer (IVUSS)

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Jeremy Carignan DVM

INVOICE
24620

DATE
04/26/2026

PRESENTING CLINICAL SIGNS

New grade II/VI systolic murmur. History of vomiting, lethargy, inappetance x 1 week. SDMA 22, creat 2.5, BUN 78, phos 7.4, ALT 306, ALP 1424, lipase 369, Spec cPL 463, plt 741, RBC 5.7. Currently hospitalized on IV fluids for possible pancreatitis management, methadone, cerenia, famotidine. BP: 195, 202, 2008 mmHg (quiet, alert). *Alfaxalone for study *Having bi-cavity ultrasound exams

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild bilateral pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A well-defined, non-homogenous hyperechoic nodule was present in the mid to caudal left adrenal gland with mild associated symmetrical capsule expansion. No evidence of vascular invasion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.3 cm x 1.0 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

Subjective mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. Intermittent small thinly walled intraparenchymal cysts were present. The gallbladder was non-distended in size with thin walls and moderate non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented normal intact wall layering with overall maintained muscularis/mucosa ratio. Subjective minor duodenal corrugation without evidence of intestinal obstructive pattern to the level of the colon. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.34 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was mildly prominent with capsule asymmetry and non-homogenous remodeled, mildly hypoechoic parenchyma. Mild peripancreatic hyperechoic omentum was present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with intermittent small benign intraparenchymal cysts
- Non-organized gallbladder debris
- Chronic active pancreatitis
- Empty gastrointestinal tract with suspect duodenitis
- Chronic nephropathy exhibiting mild pyelectasia
- Left adrenal nodule - nodular hyperplasia, adenoma, possible emerging adrenal tumor
- Mild urinary bladder lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

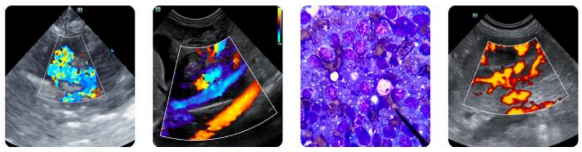
Although non-specific, the hepatopathy suggests benign criteria with occult hepatic neoplasia thought less likely. No evidence of post-hepatic or gastrointestinal obstruction. Hepatic cytology assuming normal clotting status could be considered for further clarification. Hepatic support with concurrent empirical therapy for chronic active pancreatitis with clinical monitoring would be reasonable.

Continued assessment of systemic BP for evidence of hypertension given left adrenal nodule is recommended. If present, a urine metanephrine level suggested to assess for possible emerging left pheochromocytoma.

Sonographic monitoring of the left adrenal gland +/- gallbladder, if evidence of progressive hepatopathy or cholestasis indicated.

Bilateral pyelectasia owing to chronic nephropathy, pelvic scarring or previous passage of mild mineral suspected, correlation with urinary workup including UA and C/S on sterile urine sample is recommended.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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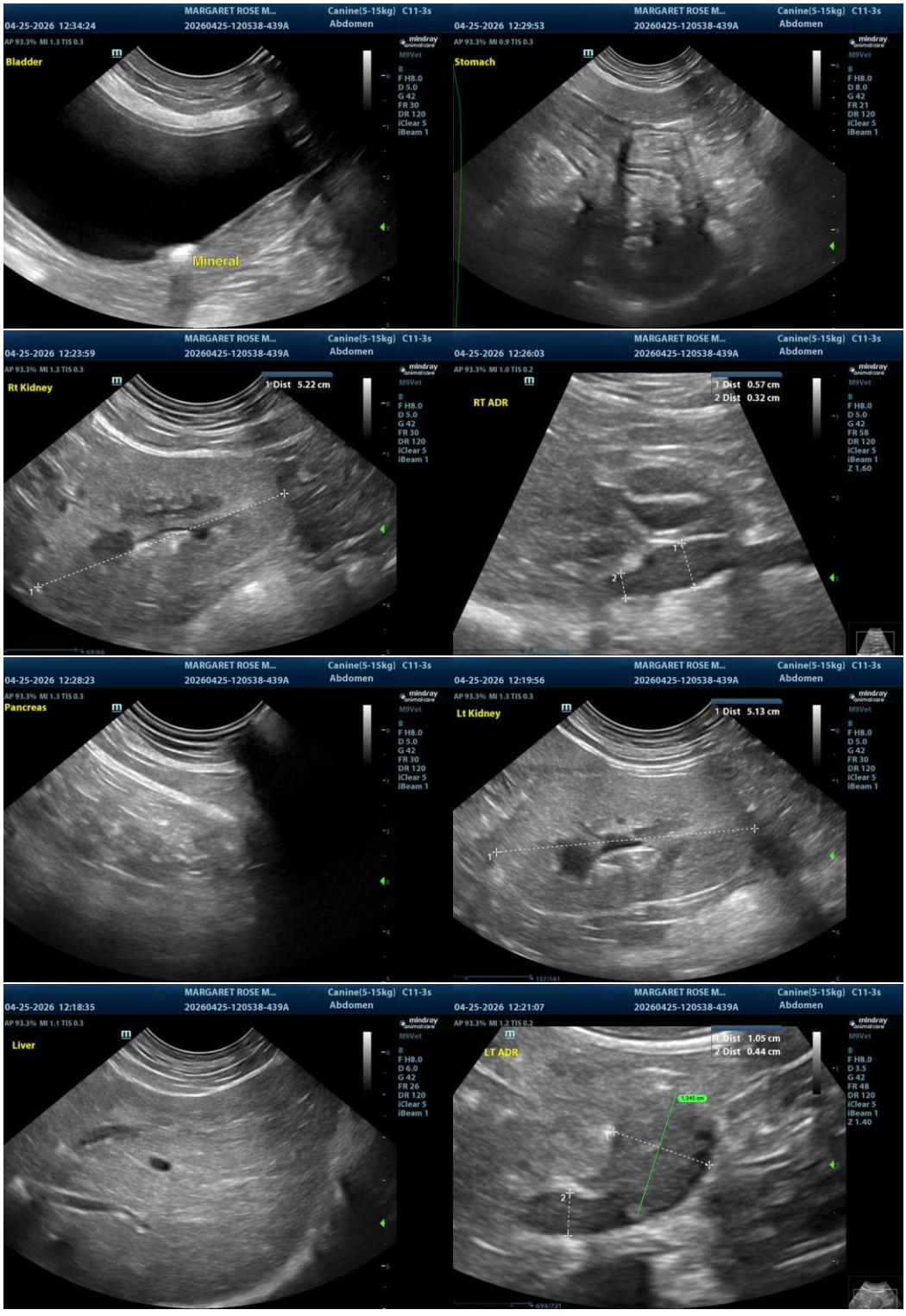

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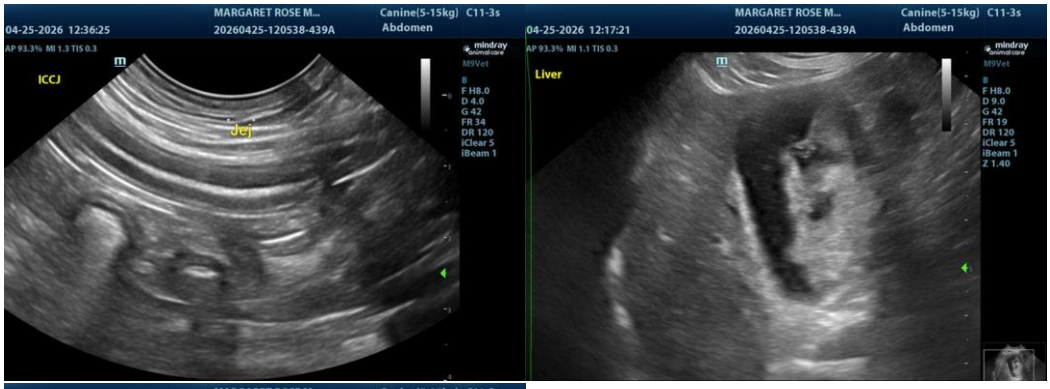

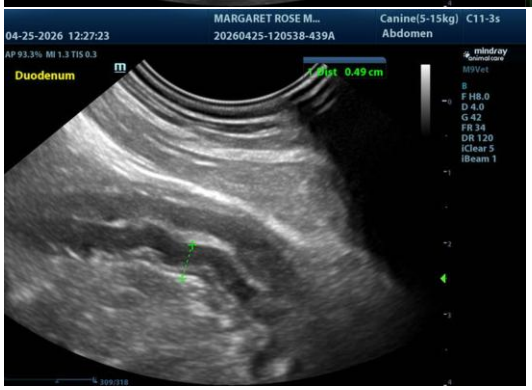

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com